PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/052,900			ing Date 18/2002	To be Mailed
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD INO	N/A	ı	N/A	122 (0)		N/A	TLL (0)
	SEARCH FEE		N/A		N/A	ı	N/A		ı	N/A	
	(37 CFR 1.16(k), (j), e EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	ı	N/A			N/A	
	(37 CFR 1.16(6), (p), FAL CLAIMS CFR 1.16(i))	or (q))	minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	09/17/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 11	Minus	<del></del> 20	= 0		X \$26 =	0	OR	x s =	
١	Independent (37 CFR 1.16(h))	• 11	Minus	···11	= 0	1	X \$110 =	0	OR	x s =	
¥	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus		:	l	x \$ =		OR	x s =	
N	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =	
Ä	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
Г	•								OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  ** If the "Highest Number Previously Paid For' in THIS SPACE is less than 20, enter '20'.  **If the "Highest Number Previously Paid For' in THIS SPACE is less than 3, enter '3'.  The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.											

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